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STATEMENT OF

FORM 1	ORGANIZATION							Office Use Only						
NAME OF COMMITTEE (in	full)	(Check if na is changed)		ample:If tyer the line	/ping, type s.	è	12FI	E4M5	5					
Wells Farg	o and	Company E	mploye	es Go	ood G	OVE	rnn	nen	t Fed	dera	l Fu	nd	II.	
ADDRESS (number and street)		Sixth and Marquette												
(Check if address is changed)		MAC N9305-084											Ш	
		Minneapolis					MN		55479				Ш	
		CITY						STATE ZI				ZIP CODE		
COMMITTEE'S E-MA	IL ADDRES	S (Please provide onl kai.c.bjerkness@we	-	ddress)										
(Check if address is changed)														
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)												
(Check if	address												Ш	
is changed													Ш	
2. DATE 04	M / D 17	2012												
3. FEC IDENTIFIC	CATION NU	MBER	C C00300	178										
4. IS THIS STATEM	MENT	NEW (N)	OR :	× AM	ENDED (A	٨)								
I certify that I have e	examined th	is Statement and to t	he best of my	knowledg	e and bel	ief it is	true,	correc	t and co	omplete.				
Type or Print Name	of Treasurer	Mr. Scott Champior	1											
Signature of Treasure	Mr. Scor	tt Champion		[Electro	nically File	d] □	ate	04	M /	17	/ Y	2012	Y	
NOTE: Submission of		ous, or incomplete info	•		Ü	Ū				nalties o	f 2 U.S.	.C. §43	37g.	
Office Use Only				Federal E Toll Free	er informati lection Com 800-424-953 2-694-1100	mission	tact:			EC F(